

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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49						
50						
<b>TOTAL IND.</b>			1			
<b>TOTAL DEP.</b>			10			
<b>TOTAL CLAIMS</b>			11			

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
51								
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100								
<b>TOTAL IND.</b>			1					
<b>TOTAL DEP.</b>			1					
<b>TOTAL CLAIMS</b>			1					